PRINTED: 12/15/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN4941ADA 12/02/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1015 NORTH SIERRA STREET STEP 1, INC **RENO. NV 89503** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 000 **Initial Comment** D 000 Surveyor: 21044 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the initial State Licensure survey conducted at your facility on 12/2/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is requesting licensure for twenty residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was five. Five resident files and six employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified: D 008 D 008 NAC 449.085(4)(a) Governing Body SS=A 4. The duties of the governing body include, but are not limited to, the following items: (a) Appointment of a qualified administrator with authority and responsibilities appropriate to the requirements of the program:

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

This Regulation is not met as evidenced by:

Based on record review on 12/2/09, the governing body bylaws and policies did not include that the governing body would appoint a

Surveyor: 21044

qualified administrator.

AND PLAN OF CORRECTION   IDENTIFICATION NUMBER:		' '	(XZ) WIDETH EL CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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D 008	Continued From page	e 1		D 008			
	Severity: 1 Scope:	1					
D 010 SS=C	NAC 449.085(4)(c) Governing Body  4. The duties of the governing body include, but are not limited to, the following items: (c) Adoption of controls designed to achieve and maintain maximum standards of service.  This Regulation is not met as evidenced by: Surveyor: 21044  Based on record review and interview on 12/2/09, the facility did not follow through with its governing body's quality assurance policy (client satisfaction surveys stopped in December of 2008).			D 010			
			/2/09, lient				
	Severity: 1 Scope:	3					
D 011 SS=A	NAC 449.085(4)(d) G	Soverning Body		D 011			
	are not limited to, the (d) Review and appr carry out the objects This Regulation is no Surveyor: 21044 Based on record revigoverning body bylav	oval of an annual budge of the program. of met as evidenced by: ew on 12/2/09, the ws and policies did not rning body would review udget.	et to				
D 04=				D 047			
D 017 SS=A	449.088(2)(b) Policie	s and Procedures		D 017			
	mental condition has	a client whose physical of changed to such an extra be adequately served	tent				

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		NVN4941ADA		B. WING		12/0:	2/2009
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D 017	appropriate facility.  This Regulation is no Surveyor: 21044 Based on record revie and procedures did no	es 2  Insferred promptly to an extend of met as evidenced by:  The ew on 12/2/09, the policy of include a policy regard to a change in client's	cies ording	D 017			
	Severity: 1 Scope: 1						
D 018 SS=B	D 018 SS=B (c) Set forth the rights of clients and members the staff and provide for the registration and disposition of complaints without threat of discharge or reprisal against any employee or client.			D 018			
	Surveyor: 21044 Based on record review	ot met as evidenced by ew on 12/2/09, the facil clients of their rights (0	ity				
D 020 SS=A	Except in the transfer of a client to effected until the clier	nsfers  case of an emergency, another facility must no nt, attending physician, agency are notified in	t be	D 020			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVN4941ADA		B. WING	<del></del>	12/0	2/2009
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D 020	Continued From page 3			D 020			
	Surveyor: 21044 Based on record revie						
D 021 SS=A	21 NAC 449.091(2) Transfers		D 021				
D 030 SS=C	Surveyor: 21044 Based on record reviethad no policy or processories released to another transferred.  Severity: 1 Scope: 1. Each facility of the staff of fire or another emerged.	parations for disasters shall develop a written putlines procedures for and clients to follow in ergency and which proves of clients if the facility	ity f care s olan case ides	D 030			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		A. BUILDING	LE CONSTRUCTION	(X3) DATE SI COMPLE	
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D 030	Continued From pag	je 4		D 030			
	Surveyor: 21044						
D 035 SS=F	NAC 449.098(3)) Pro 3. Each facility at least annually, and	eparations for disaster shall conduct a disaster d a written record of eac the facility for not less th	ch drill	D 035			
	Surveyor: 21044 Based on record rev	ot met as evidenced by iew and interviews on had not conducted an ar					
D 041 SS=C	NAC 449.102 Invent  If a facility holds or s there must be an inv admission, made a p	ory of client's belonging stores a client's belonging rentory of the belonging part of the client's record These belongings must	ngs, s on d, and	D 041			
	Surveyor: 21044	ot met as evidenced by					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/G		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
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D 041	Continued From page		D 041				
	the facility was not inventorying client belongi						
	Severity: 1 Scope:	3					
D 042 SS=A	NAC 449.105 Insurar	nce		D 042			
	Liability insurance in a sufficient amount to protect clients, members of the staff, volunteers, and visitors, must be maintained. A certificate of insurance must be furnished to the health division. The certificate must include provision for 30 days notice to the division of cancellation or the nonrenewal of the policies.  This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review on 12/2/09, the worker's compensation portion of the certificate of liability insurance expired on 12/1/09.						
			ker's				
	Severity: 1 Scope: NAC 449.114(1) Emp			D 075			
SS=E	SS=E  1. A facility must have on duty, all hours of each day, members of the staff sufficient in number and qualifications to carry out policies, responsibilities and program continuity.						
	Surveyor: 21044 Based on record revifacility staff did not er taking their medication Zolpidem, Hydroxyzin	ot met as evidenced by ew and interview on 12 nsure 2 of 5 clients were ons as prescribed (Clier ne and Mirtazepine and rothiazide, Lisinopril an	/2/09, e nt #2 -				

		(X1) PROVIDER/SUPPLIER/O		A. BUILDING		(X3) DATE SURVEY COMPLETED	
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D 075	Continued From page	e 6		D 075			
	Severity: 2 Scope:	2					
D 089 SS=C	NAC 449.114(9)(a) E			D 089			
	each employee. The (a) The employment		or				
	This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review on 12/2/09, the facility failed to obtain an employment application for 3 of 6 employees (Employee #1, #4 and #6).		ity				
	Severity: 1 Scope:	3					
D 090 SS=C	NAC 449.114(9)(b) E	mployees		D 090			
	<ul><li>9. A personnel record each employee. The</li><li>(b) Letters of recommendation</li></ul>		or				
	Surveyor: 21044 Based on record review	ot met as evidenced by: ew on 12/2/09, the facil of recommendation for	ity				
	6 employees.	or recommendation for	3 01				
	Severity: 1 Scope:	3					
D 094 SS=C	NAC 449.114(9)(f) Er			D 094			
	<ul><li>9. A personnel record each employee. The (f) Job performance</li></ul>		or				
	This Regulation is no Surveyor: 21044	ot met as evidenced by:					

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

12/02/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

STEP 1, IN	IC	1015 NORTH SIERRA STREET RENO, NV 89503				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 094	Continued From page 7  Based on record review on 12/2/09, the facil did not perform a job performance evaluation 2 of 3 employees employed longer than a year Severity: 1 Scope: 3	n on	D 094			
D 100 SS=F	NAC 449.117 Physical Examinations  All persons employed in a facility must have documentation showing that they are in compliance with any applicable provisions of chapter 441A of NAC concerning tuberculos	f	D 100			
	This Regulation is not met as evidenced by: Surveyor: 21044 NAC 441A.375 Medical facilities, facilities fo dependent and homes for individual resident care: Management of cases and suspected cases; surveillance and testing of employees counseling and preventive treatment. (NRS 441A.120)  1. A case having tuberculosis or suspected considered to have tuberculosis in a medica facility or a facility for the dependent must be managed in accordance with the guidelines Centers for Disease Control and Prevention adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.  2. A medical facility, a facility for the dependa home for individual residential care shall maintain surveillance of employees of the fa or home for tuberculosis and tuberculosis infection. The surveillance of employees mu conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities proved health care set forth in the guidelines of the	r the tial s; case l e of the as ent or cility st be				

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN4941ADA 12/02/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1015 NORTH SIERRA STREET STEP 1, INC **RENO. NV 89503** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 100 Continued From page 8 D 100 Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.

5. A person who demonstrates a positive

tuberculosis screening test administered pursuant

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN4941ADA 12/02/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1015 NORTH SIERRA STREET STEP 1, INC **RENO. NV 89503** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 100 Continued From page 9 D 100 to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006) Based on record review on 12/2/09, the facility did not ensure that 6 of 6 employees met the requirements of NAC 441A.375 concerning tuberculosis (TB). Findings include: All six employees did not have evidence that a pre-employment physical was conducted within the preceding six months. Employee #1, #2, #3, #5 and #6 did not have evidence of a two-step TB skin test. Employee #4 tested positive in 2000, but her file did not contain evidence of a negative chest x-ray

report or evidence that she had been screened

for symptoms of TB since 2004.

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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D 100	Continued From page	e 10		D 100			
	Severity: 2 Scope: 3	3					
D 106 SS=C				D 106			
	2. A facility which provides dietary services must have food service equipment of appropriate quality and type for the type of food service program used by the facility. The equipment must comply with all applicable provisions in chapter 446 of NAC.  This Regulation is not met as evidenced by: Surveyor: 21044 Based on observation on 12/2/09, the facility was not using commercial grade kitchen appliances per NAC chapter 446 (freezer in basement, two microwaves in the kitchen and dining area, two toasters, blender, food processor, and the refrigerator in the dining room).  Severity: 1 Scope: 3						
			/ was ces two				
D 111 SS=C	•			D 111			
	Surveyor: 21044 Based on record revie	ot met as evidenced by: ew on 12/2/09, the facil prohibiting clients fron items.	ity				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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D 111	Continued From page			D 111			
	Severity: 2 Scope: 3						
D 122 SS=C	NAC 449.126(2) Lau	ndry		D 122			
			,				
	Severity: 1 Scope:	3					
D 130 SS=C	NAC 449.129(1) Construction Standards  1. A facility must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the clients and personnel of the facility and members of the general public.  This Regulation is not met as evidenced by: Surveyor: 21044  Based on observation on 12/2/09, the basement shower area was not well maintained (missing heat diffuser and missing tiles).  Severity: 1 Scope: 3			D 130			
			nent				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SU COMPLET	
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D 201	Continued From pag	e 12		D 201			
D 201 SS=A	(=)			D 201			
	These policies and p	d to ensure the early ations or conditions mmon among drug abus					
	This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review on 12/2/09, the facility lacked a policy, approved by a physician, regarding the early detection of complications or conditions common among drug abusers.						
	Severity: 1 Scope:	1					
D 214 SS=A	6. Facilities must improcedures that are i	plement written policies reviewed by a licensed e appropriate action to be		D 214			
	Surveyor: 21044 Based on record revi	-	ity				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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D 215	Continued From page 13			D 215			
D 215 SS=F	NAC 449.141(7) Health Services  7. There must be one staff person in the facility who is capable of providing cardiopulmonary resuscitation at all times. Staff members providing cardiopulmonary resuscitation must be qualified by the American Red Cross or another recognized agency.			D 215			
D 216 SS=F	This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review on 12/2/09, the facility did not ensure that 5 of 5 staff had evidence of cardiopulmonary resuscitation training (CPR).  Severity: 2 Scope: 3  NAC 449.141(8) Health Services  8. Clients of residential programs must undergo a tuberculin skin test that meets the requirements specified in chapter 441A of NAC.		ity of ). rgo a	D 216			
	Surveyor: 21044 NAC 441A.380 Admis medical facilities, faci homes for individual r respiratory isolation; counseling and preve documentation. (NRS 1. Except as otherwis before admitting a pe extended care, skilled care, the staff of the f	entive treatment;	ain or j; on, y for te a				

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN4941ADA 12/02/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1015 NORTH SIERRA STREET STEP 1, INC **RENO. NV 89503** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 216 Continued From page 14 D 216 within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section. the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats: (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has

a single tuberculosis screening test annually

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the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a

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Based on record review on 12/2/09, the facility did not ensure that 5 of 5 residents met the requirements of NAC 441A.380 concerning

tuberculosis (TB).

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		IDENTIFICATION NOWE	LIV.	A. BUILDING			
		NVN4941ADA B. WING 12/02/200		2/2009			
NAME OF PR	OVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	•	
STEP 1, IN	STEP 1, INC		1015 NORT RENO, NV	'H SIERRA ST 89503	REET		
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D 216	Continued From page Findings include:	e 17		D 216			
	-	e missing evidence of a test.	ı				
	Client #2, #4 and #5 two-step TB skin test	were missing evidence	of a				
	Severity: 2 Scope:	3					
D 217 SS=F	D 217 SS=F  NAC 449.141(9) Health Services  9. Each facility shall maintain and have read available first-aid supplies. Staff members shave evidence that they have received train the use of first-aid supplies.			D 217			
			nall				
	Surveyor: 21044 Based on record revi	ot met as evidenced by ew on 12/2/09, the facil of 6 staff had evidence	ity				
	Severity: 2 Scope:	3					
D 246 SS=F	NAC 449.147(2) Diet	ary Services		D 246			
	the nutritional needs accordance with the allowances of the Fo	anned and followed to r of the residents in recommended dietary od and Nutrition Board ouncil, National Acader	of the				
	This Regulation is no	ot met as evidenced by	:				

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB		A. BUILDING			(X3) DATE SURVEY COMPLETED	
NVN4941ADA				B. WING		12/02/2009		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	-		
STEP 1, INC				1015 NORTH SIERRA STREET RENO, NV 89503				
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D 246	Continued From page 18			D 246				
	Surveyor: 21044 Based on interview on 12/2/09, the facility failed to ensure menus were planned in accordance with the recommended dietary allowances for recovering alcohol and drug abusers.  Severity: 2 Scope: 3							
D 247 SS=F	Therapeutic menus must be planned by a qualified dietitian or must be reviewed and			D 247				
	approved by the client's attending or staff physician.  This Regulation is not met as evidenced by: Surveyor: 21044 Based on interview on 12/2/09, the facility did employ a dietician to plan therapeutic menus chave therapeutic menus reviewed and approving a resident's physician.  Severity: 2 Scope: 3		d not s or					
D 250 SS=F	D 250 SS=F  NAC 449.147(6)(a-d) Dietary Services  6. A facility with more than 10 clients must: (a) Comply with all applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto; (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Health Division; (c) Maintain a report of each inspection concerning the sanitation of the facility for at least 1 year after the date of the inspection; and (d) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (c) for at least 1 year after		ureau least n ort	D 250				

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Consultation each month is required. A qualified

person may be a person meeting the

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